

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, June 27, 2018 @ 1500 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

L. McBride, R. Robinson (Chair), P. Retty, P. Woods, (x0 nv) S. Jaekel, M. Hodgson, B. Bird, S. Caplan, S. Irwin- Foulon, M. Wilson, A. Hopper, C. Young-Ritchie, J. Wright, K. Haines, A. Lum, T. Gergely (t/c), K. Ross

Healthcare Partner Representatives:

H. Rundle=R, G. Kernaghan=R, P. Griffin

Board Member Regrets:

S. Pandey, T. Warner, T. Delaire, M. Strong, A. Walby, D. Steven

Resource:

T. Eskildsen

*= teleconference

1.0 CALL TO ORDER

The meeting of the LHSC Board of Directors was called to order. The Chair reviewed with Directors and guests that the Board of Directors follows an ethical decision making framework which is listed on the back of the agenda. Mrs. Robinson also mentioned the Conflict of Interest policy and indicated that if anyone felt that they are in conflict of interest either now or at the time of a specific agenda item, to please notify the chair.

2.1 Approval of Full Agenda

The Board of Directors **APPROVED** by **GENERAL CONSENT** the full agenda for the June 27, 2018 Board of Directors open meeting.

2.2 Approval of Consent Agenda

The Board of Directors **APPROVED** by **GENERAL CONSENT** the recommendations that are found in Appendix I of the package It is recommended that the Consent Agenda for the June 27, 2018 Board meeting, consisting of the recommendations and reports found in Appendix 1 beginning on page 279 be approved and subsequent written reports and minutes of committees be submitted into record as listed below:

2.2 Consent Agenda

2.2.1 Minutes of Regular Meeting 20180530

2.2.2 Finance and Audit Committee

2.2.2.1 2017/18 GFT Professor, GFT Secretary Salaries & Benefits Annual Funding

2.2.2.2 2017/18 Ministry of Children & Youth Services (MCYS) Annual Reconciliation

2.2.3 Committees of the Board- Minutes

2.2.3.1 Governance Committee 20180416, 20180618

2.2.3.2 People and Culture 20180612

2.2.3.3 Quality and Performance Monitoring 20180621 -deferred

2.2.3.4 Finance and Audit 20180614 –deferred

2.2.4 Committee Completed Workplans for information

3.0 ACCREDITATION EDUCATION

3.1 Patient and Family Centred Care Integration into Standards

Dr. Schleifer-Taylor provided an overview of the work of bringing the patient and family voices to decisions about care, to healthcare organizational design, and to public policy.

In response to a question on the translation into meeting these accountabilities, it was reported that patient engagement could be characterized by the amount of information that flows between patient and provider, how active a role the patient has in care decisions, and how involved the patient or family becomes in health organization decisions and in policy making.

The Board of Directors engagement in this work currently was discussed including the recent appointment of a family and patient advisor to the Quality and Performance Committee. The Governance Committee will be engaged over time to assist the board in discussing meaningful ways to further evolve engagement of family and patient voices into the health organization decisions. It was further noted that work will be advanced from the Board to have a better connection to the Patient Advisory Councils' work and their feedback to better inform the Board and Committees conversations and decisions moving forward.

4.0 NEW BUSINESS/RECOMMENDATIONS/FOR INFORMATION

4.1 Chair's Remarks

Mrs. Robinson reported that a recent announcement has been made that Dean Michael Strong will be assuming his new role as President of the Canadian Institutes of Health Research on October 1, 2018. As a result, the University will appoint an Acting Dean for the period October 1, 2018 to June 30, 2019 while a full search for the next Dean of Schulich Medicine & Dentistry is undertaken during that time-frame. It has been announced that Dr. Davy Cheng will be appointed the interim Dean role until June 30, 2019.

4.1.1 Committee Chair Roundtable

The floor was opened to the committee chairs to highlight anything from their most recent meetings and the following points were noted:

- Mr. McBride highlighted the work of the Quality and Performance Monitor group with respect to Hip fracture quality based procedures and that QPBs will be added to the Quality workplan for 2018/19.
- Ms. Irwin-Foulon presented that there was a shorter health and safety update and that the committee heard evidence of an increased mindset around disciplinary action around not utilizing appropriate safety precautions. Dr. Walker was present to provide an overview in the talent plan for LHSC's professional staff and the committee was pleased to hear that LHSC does not have trouble attracting talent, with a noticeable approval in some of the previous difficult to recruit subspecialties.
- Ms. Bird highlighted a facilities presentation from Mr. Patel and how important for the board to have an awareness of the infrastructure ongoing work and needs of the organization.
- Ms. Haines highlighted that the Board to Board May 25 meeting main topic was the sub regional Ilin groups and who had applied to represent those groups.

4.2 CEO Report

Dr. Woods submitted his monthly report into recorded and highlighted the following:

- LHSC is pleased that the following Health Quality Ontario abstracts that were accepted:
 - What's up doc? How to effectively communicate performance data with physicians
 - Healthcare...a risky business? (linking balanced scorecard reporting to a clinical risk profile)
 - That's what they said: Maximizing quality improvement confidence through public engagement (summary of our engagement plan for the development of the 2018-19 QIP)
- Dr. Robert Bell, Deputy Minister retirement notification was shared with the group.

4.2.1 Strategic Plan Initiatives and Destination Metrics Recommendation

Dr. Woods presented the initiatives that will be implemented in the first two years of the plan. There was broad consultation with stakeholders from within and outside of LHSC identified that foundational steps must be taken to prepare the organization to move to the next stage in its evolution as a leading academic health sciences centre. The risks identified with respect to the plan were related to implementation highlighting that annual planning processes need to be built into the strategic initiatives.

A first draft of the initiatives was discussed with the directors, however performance targets were not yet available and would be an evolution over the coming year.

Feedback from the Board Directors summarized that additional work was required to further develop performance targets to define the plan to execution of the strategies. The following points were noted:

- After a discussion on the draft number of initiatives proposed, it was noted that consideration should be given to reducing the initiatives to a number that can be achieved in the two year time frame.
- It was requested that having visibility to the material sooner would also allow the Board to move forward with discussions at the committee level on the work in the future Board term.
- There were questions in regards to the research and teaching theme of the strategic plan
- Clarity was requested on the destination metrics and the areas in which the Board will be monitoring progress to plan.
- Communication plan and the need to move forward even in a tiered approach was discussed briefly.

ACTION: Meeting will be booked in July to allow for the initiatives to be further developed and circulated to the Board for deliberation in advance of the meeting.

4.3 Lawson Health Research Institute Report

It was noted that Lawson had its final meeting of the term. Mr. Ross highlighted that the Lawson Board were very pleased with the work and progress on strategic planning.

4.4 St. Joseph's Health Care London Update

Mr. Griffin was present in Dr. Rundle absence and reported on the completion and approval of St. Joseph's Health care, London strategic plan. The Board will begin a trial over the next term with the use of the consent agenda.

4.5 Quality and Performance Monitoring Committee

4.5.1 2017/18 Quality Improvement Plan Recommendation

The Board of Directors APPROVED by GENERAL CONSENT the 2017/18 Quality Improvement Plan Indicator Report as of March 31, 2018 of which the following three targets aligned with the corresponding performance compensation for the CEO and executive leaders who report directly to the CEO achieved a total of 33.30% of targets as noted in Table 1 and as follows:

- Medication Reconciliation at Admission (%) with a target of 85% and a final performance of 86.90% (achieved 33.3%/33.3%)
- Medication Reconciliation at Discharge (%) with a target of 77% and a final performance of 67.40% (achieved 0%/33.3%)
- ED Wait Times: 90th%ile ED LOS for Complex Patients (hrs) with a target of 10.3 hours and a final performance of 13.5 hours (achieved 0%/33.3%)

4.6 Finance and Audit Committee

4.6.1 2014-2018 Multi-Sector Service Accountability Agreement – Schedule G (Form of Compliance Agreement)

After making inquiries of the President and CEO, Paul Woods and other appropriate officers of the hospital, and subject to any exceptions identified on Schedule G,

The Board of Directors APPROVED by GENERAL CONSENT the execution by the Chair of the Board “Schedule G”, Declaration of Compliance wherein the hospital has fulfilled its obligations under the service accountability agreement (the “M-SAA”) in effect during April 1, 2017 to March 31, 2018.

Without limiting the generality of the foregoing, the hospital has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) the *Local Health System Integration Act, 2006*; and
- (iii) the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

4.6.2 HMMS 02527 and HMMS02526 Contracts Over \$5Million

In discussion with leadership, Mr. Patel was asked for his opinion from the facilities perspective. It was noted that the defined turnkey renovation has not be discussed with facilities at this time and that organization's approach and definition of turnkey can vary.

ACTION: Further discussion with respect to clarity request on turnkey mechanisms and validation of those costs in this particular project to return to Finance and Audit Committee in the fall.

The Board of Directors APPROVED by GENERAL CONSENT the execution of two purchase orders, not to exceed the stated dollar value, which includes both equipment and estimated turnkey renovation costs to be spread over the next 3 to 5 fiscal years:

1. - \$24,695,163
2. - \$8,700,000

The total combined PO value is \$33,395,163.

4.6.3 Assessment of External Audit Services in Accordance with the Retention and Selection of Professional Services Policy

The Board of Directors APPROVED by GENERAL CONSENT the Retention of External Audit Services based on the assessment completed in accordance with the criteria set out in the Retention and Selection of Professional Services Policy.

4.7 Medical Advisory Committee Recommendations

4.7.1 New Appointments to Professional Staff

4.7.2 Changes to Professional Staff Appointments

4.7.3 New Clinical Fellows Appointments

The Board of Directors APPROVED by GENERAL CONSENT the following Medical Advisory Committee credentialing recommendations to London Health Sciences Centre:

4.7.1 New Appointments to Professional Staff

4.7.2 Changes to Professional Staff Appointments

4.7.3 New Clinical Fellows Appointments

4.7.4 2018 PS Reappointment Report

The Board of Directors APPROVED by GENERAL CONSENT the annual professional staff applications for re-appointment.

4.7.5 2018 PS Departure Report

It was noted that the individuals listed on the departure report have resigned, retired or chosen not to reapply for their hospital appointment for the July 1, 2018 - June 30, 2019 credentialing cycle.

4.7.6 2018 PS Deferral Report

The Board was informed of the professional staff deferral report. The Medical Advisory shall defer making a recommendation for reappointment for the London Health Sciences Centre and St. Joseph's Health Care London. The reason for the deferral by the MAC may be a result of outstanding learning modules or other reasons (ie illness).

4.7.7 Recommendation – Interim Chief Obstetrics and Gynaecology

The Board of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the appointment of Dr. Tracey Crumley as the interim Chief of Obstetrics and Gynaecology, effective July 1, 2018 to June 30, 2019, or until a permanent city-wide chief is appointed whichever comes first.

4.8 Governance Committee

4.8.1 London Hospital Linen Services Inc.

The Board of Directors APPROVED BY GENERAL CONSENT THAT THE following individuals be appointed as LHSC representatives of the London Hospital Linen Services Inc.

- Dipesh Patel
- Larry McBride

5.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by:
Tammy L. Eskildsen

Ramona Robinson, Chair
LHSC Board of Directors